FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066049

1. Entity Name

GALOMAR INTERNATIONAL, INC

FILED

06 JAN 20 PM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800065112188
02/03/06--01004--023 **300.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2110 NW 18th Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State
Zip: 33142 Country: US	Zip Country

4. FEI Number: 650867471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MARTIN, EDDY T.

Street Address (P.O. Box Number is Not Acceptable)

2110 N.W 18th Ave

City: Miami, Fl FL Zip Code: 33142

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X E. Tomas Martin 01/19/06
(Typed, printed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) (DATE)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTIN, EDDY T.
STREET ADDRESS	2110 N.W. 18th Ave.
CITY-ST-ZIP	Miami, Fl. 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: E. Tomas Martin 01/19/06
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date)

COMGMAR (12/05)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation, **GALOMAR INTERNATIONAL, INC.**

Thank you for your courtesy in this matter.

E Eomar Martin

EDDY T. MARTIN
PRESIDENT